

An Inaugural Dissertation

#7

on

Apopley

by

Charles J Edwards

of

Virginia

April 19<sup>th</sup> 1811

W. H. C. & Co.  
Manufacturers of  
Cotton Goods  
1850

## The apoplectic state of Fever.

It appears I think and not without foundation that there is no disease to which we are subject that requires more speedy and prompt remedies than that of Apoplexy.

This disease according to Dr. Rush consists in a total or partial suspension of voluntary motion together with the external and sometimes internal senses, resembling very much the sleeping and intoxicated states of the system, but from which, may and ought to be distinguished, as it is of considerable practical importance. From the former it may be known by wakefulness being produced on the application of external stimuli to any one of the senses, which

and a round of stile. Although all  
around him the trees had  
been laid down in a flat, and  
the ground was covered with a  
thin layer of soil, he could see  
nothing but the bare ground.  
He had to walk very carefully  
to avoid falling over the  
sharp stones and broken  
twigs which lay scattered  
over the surface. He had  
not been walking long when  
he saw a small stream of water  
flowing across the path. It  
was only a few inches wide  
but it was deep enough to  
make a good place to cross  
the path. He stopped and  
looked at the water. It was  
very clear and he could see  
the bottom of the stream.  
There were some rocks and  
stones on the bottom of the  
stream. He stepped over them  
carefully and continued his  
walk through the forest.

is not the effect produced when applied to persons labouring under Apoplexy. From intoxication it is not so easily distinguished, but may be, by the smell of the breath and the life which the person leads.

The opinions of Authors on this subject, appear to be, that it attacks in the evening of life or generally about the age of sixty, and Dr. Cullen among the rest, who has in my humble opinion descended to as much minutiæ as any other author who has ever treated on the disease; but for my single self cannot pretend to say, as the cases, which came under my Preceptor's care during the last summer and which I had the satisfaction of seeing, were all cases in persons from seventeen to



to thirty four.

The remote causes, of this disease, are intemperance in eating and drinking, loud and long speaking often produces it, for frequently we see Clergymen and Speechmakers affected with it, we very often see it appear the effect of a diseased stomach from the great reciprocal sympathy of those parts, suppressed hemorrhoid has caused it, also suppressed discharges of blood from different parts of the body, the drying up of old sores and eruptions has been a frequent cause of this disease, the stoppage of a periodical return of gout has produced it, which in one case I myself have witnessed, great exercise of the body particularly with the head in a depending position, this I saw also produce it in five



blacks from cutting tobacco which required great bodily exertion and at the same time the head to be much depended. <sup>Doc.</sup> Rush says he has seen it produced in a privy in two cases from a difficulty in stooling, we see it often produced by the inhalation of impure gasses derived from crowded assemblies, a neglect of usual bleeding, lightning and such like causes have produced it.

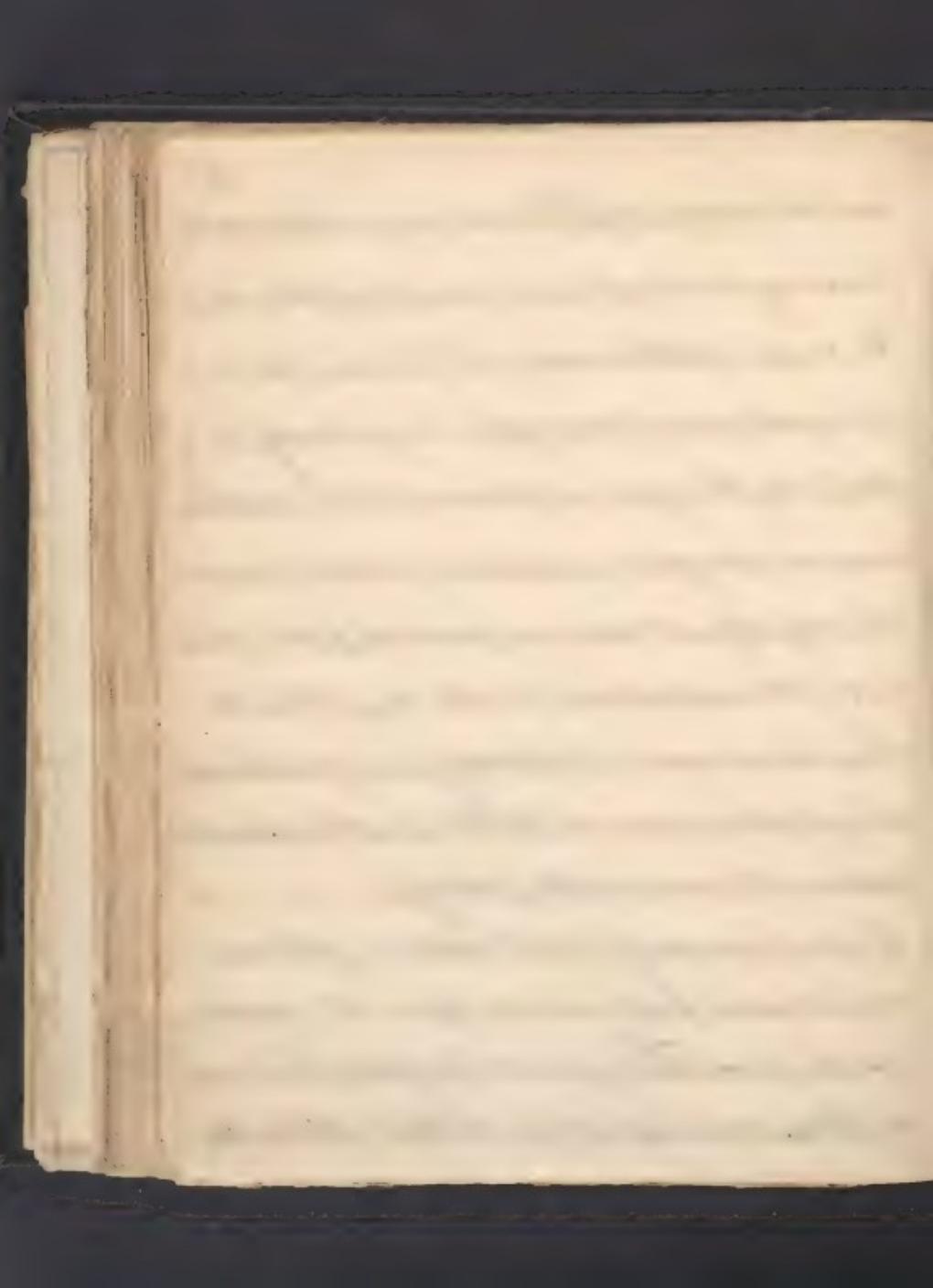
<sup>Doc</sup> Cullen says that the proximate cause of this disease is compression of the brain, producing a loss of mobility of nervous power from an over distention of the vessels of this organ or from an effusion of serum or blood itself from the vessels in consequence of excessive action or distention of them; but <sup>Doc</sup> Rush draws no distinction between the proximate

17  
dico deum dico modicemus et dico  
deum et non possum dicere non credamus quod  
accidit huius dico. Deinde dico deum et dico  
deum et non possum dicere si quod non credimus si  
dicitur deus credimus vello si non non credimus credimus  
non credimus sed credimus per se credimus credimus  
Credimus quoniam in meo testimonio credimus sed credimus  
non credimus sed credimus credimus sed credimus  
non credimus credimus credimus credimus credimus  
non credimus credimus credimus credimus credimus  
non credimus credimus credimus credimus credimus

cause and disease itself. If he does draw a distinction, it is in my humble opinion an imperceptible one.

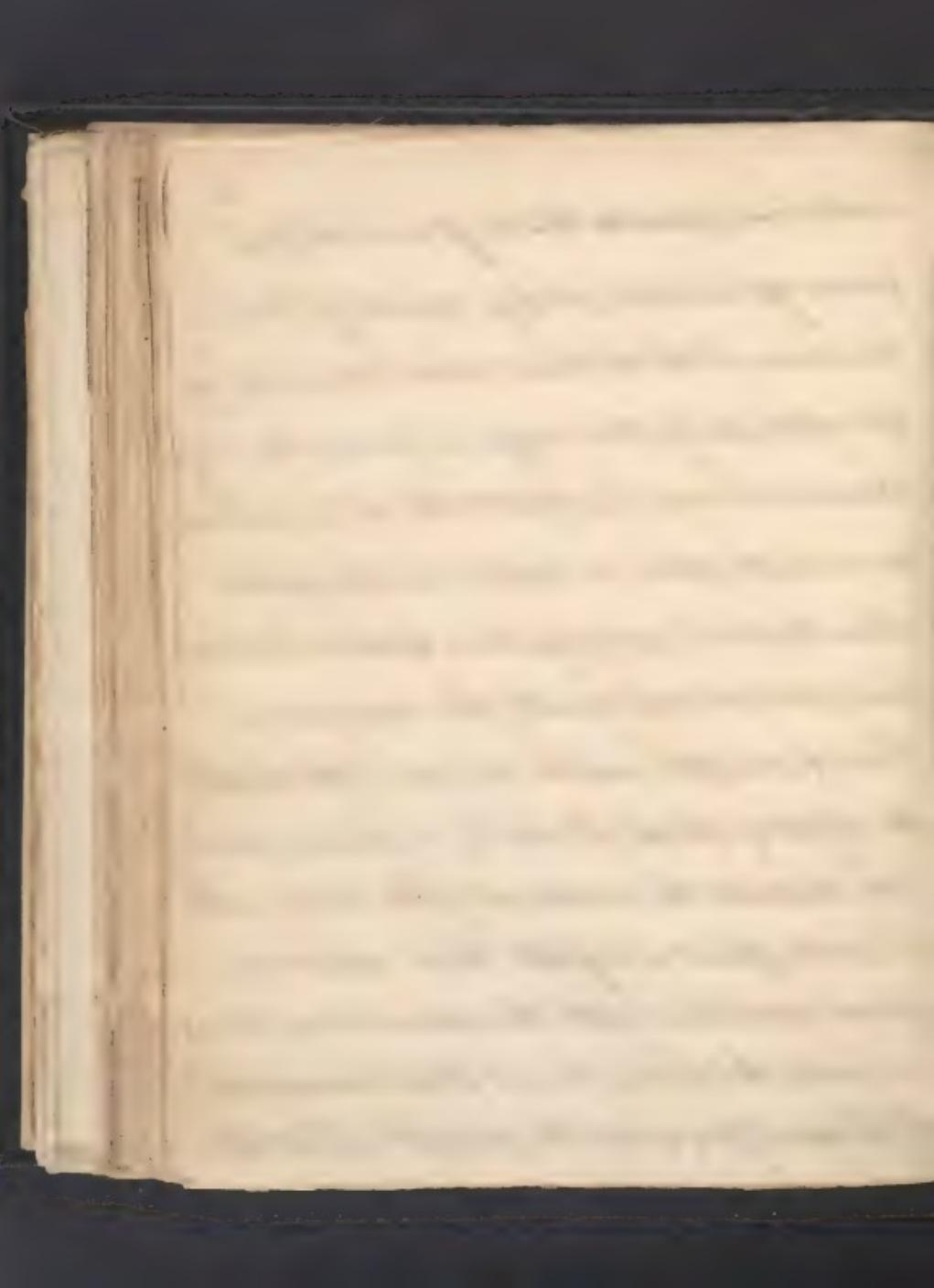
We see from further reading of Dr. Cullen, that he took great pains to distinguish diagnostically and specifically the difference between what he calls the sanguineous and sanguinous apoplexy, but this I conceive to be very difficult and in a practical point of view of very little importance. He also taught that the sanguineous did not require bloodletting and if adhered to by his followers no doubt their practices are attended with considerable fatality. —

Before proceeding to the treatment of this disease, I deem it proper and suppose its requisite that the premonitory <sup>symptoms</sup> should be given, which are as follows, drowsiness, stupor, elevated excitement.



in the brain, partial blindness and deafness,  
giddiness, headache, vertigo, numbness of one  
sometimes of both the lower extremities, suppression  
of discharges from different parts of the body.  
Women are not so subject to this disease as men,  
on account of their menstrual discharges, but  
when those are suppressed or obstructed, this disease  
is not unfrequently the consequence.

I now proceed to mention the cure of this disease,  
the object of which should be to abstract, trans-  
late diminish the excitement of the brain with  
as much speed as possible. When called to a  
person attacked with this disease in a crowded  
room, the persons present should immediat-  
ly be dismissed, or else the patient should be

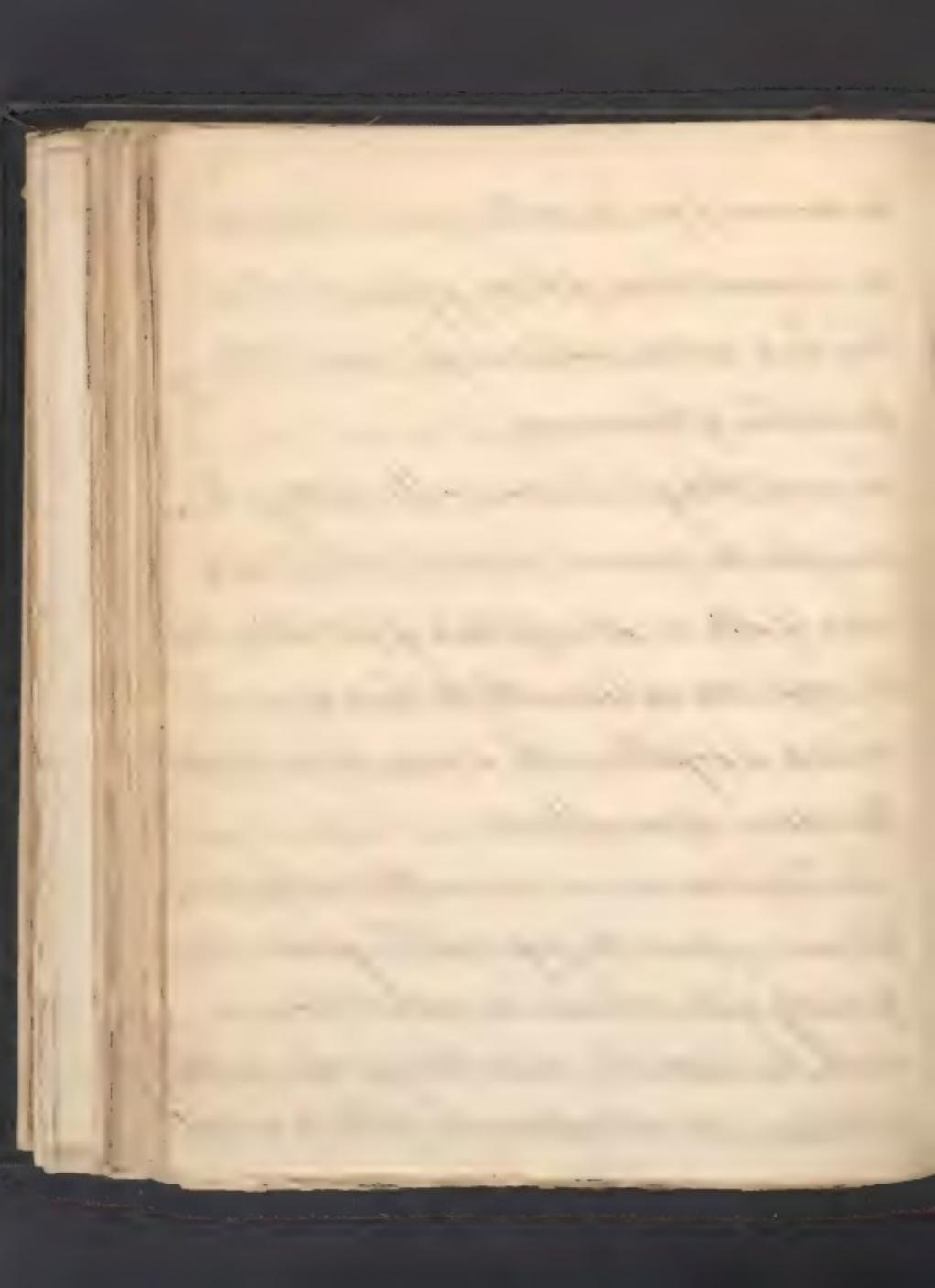


7

be removed from it, with a view to prevent  
an accumulation of those gasses, which if  
they had not produced might add to the  
productiveness <sup>cause</sup> of this disease.

The next thing to be done is bloodletting. In  
doing this the patient should be placed on a  
chair if able to sit up and if not able, should  
be supported in bed with the head as much  
elevated as possible, with a view to accelerate  
the return of venous blood.

The Physician is now to draw blood either from  
both arms or from the jugular. The greater the  
quantity of blood drawn in a short time so  
much the better. The next thing proper is the  
exhibition of a cathartic and if this is not suf-



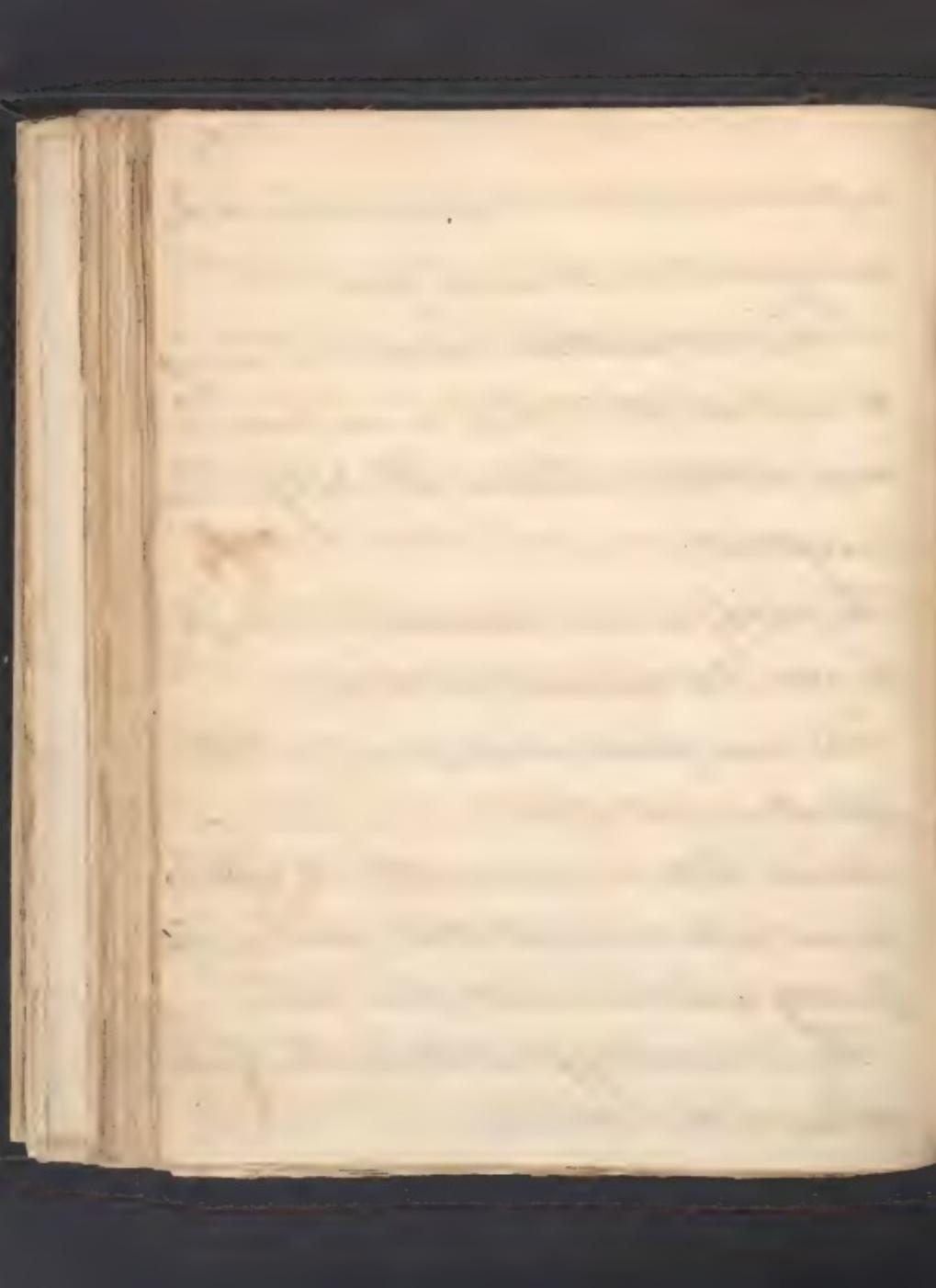
sufficient to produce a copious evacuation,  
an injection should also be given.

These last mentioned remedies are among  
the most valuable to which we can have re-  
course and their exhibition should by no means  
be neglected.

They act by revulsion, abstraction, and transla-  
tion of morbid excitement from the brain.

The head should now be shaved and cold  
applications made of water or ice confined in  
a bladder, blister, or sinapism should be applied  
as soon as the excitement of the system is suf-  
ficiently reduced to admit of their action.

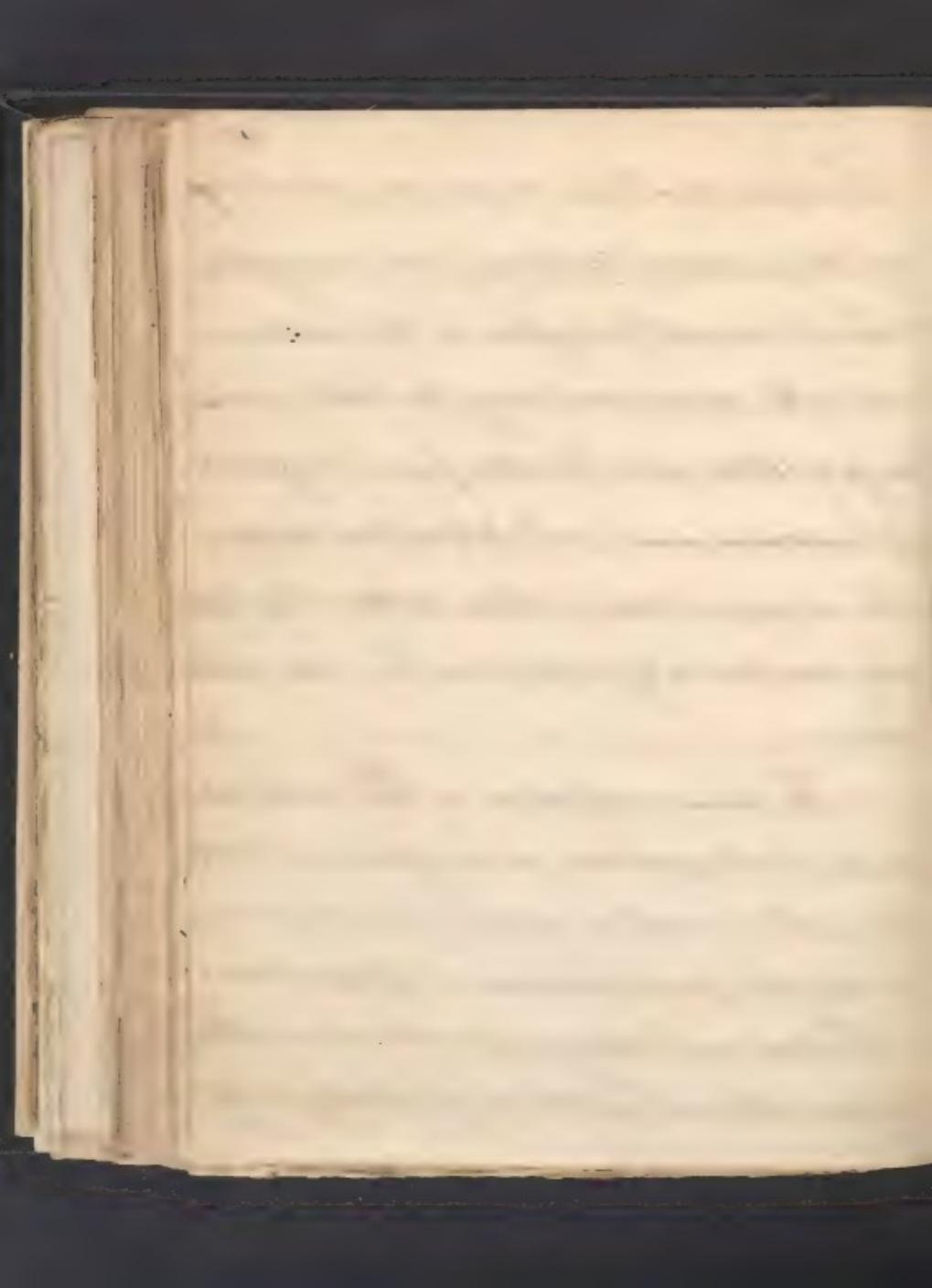
They should be applied between the shoul-  
ders and to the extremities. -



The before mentioned remedies are not always requisite in cases of Apsoplexy, for in many attacks of it we see the system in the commencement of the disease completely prostrated from excess of action, as is the case from a large dose of laudanum, marsh exhalations and such like acting substances taken internally, lightning and electricity also produce this state of the system.

The brain on dissection in this exhibit no marks of inflammation in consequence of its not being able to react on account of excitement surrounding the point of disease or inflammation.

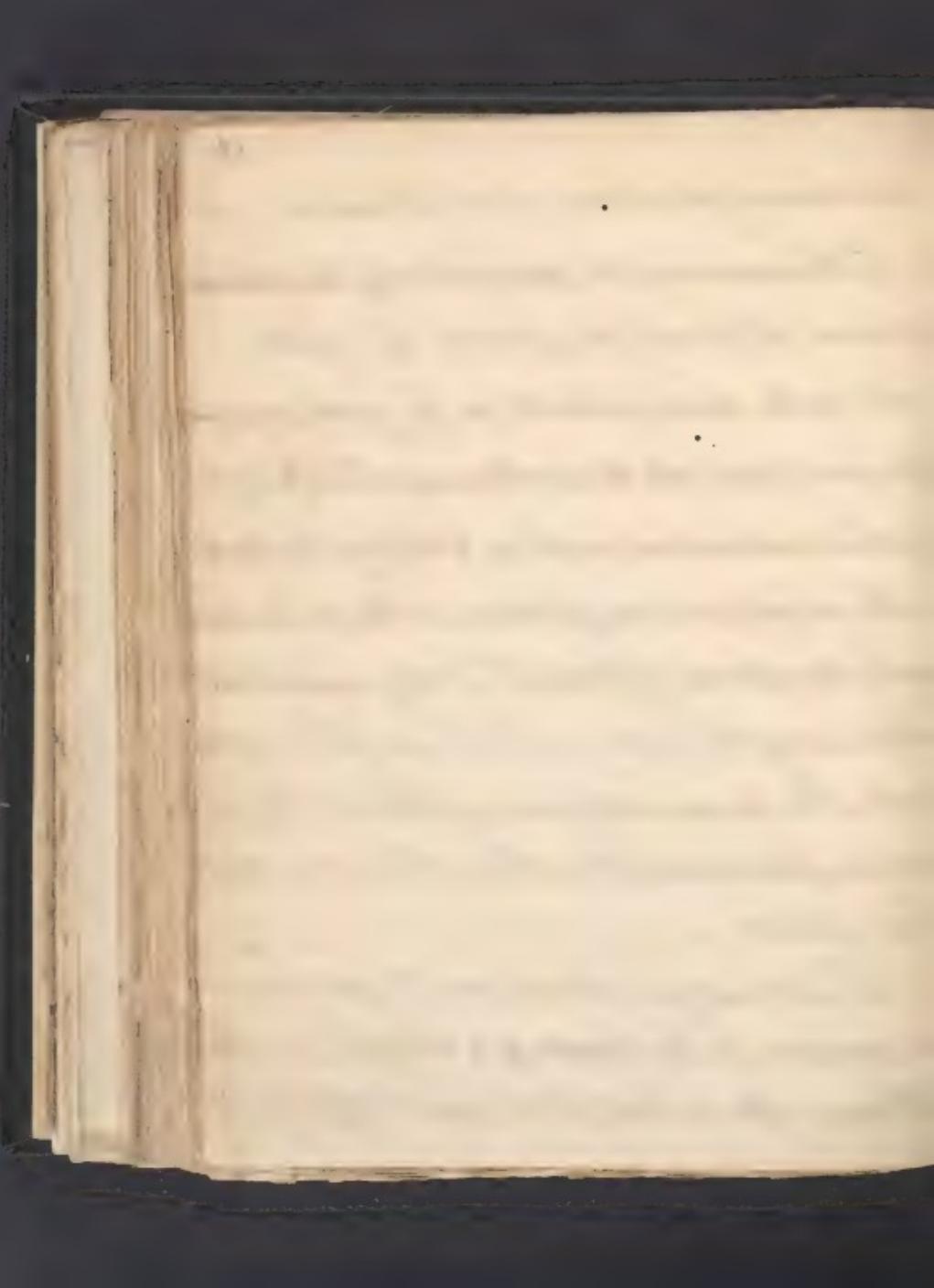
D<sup>r</sup>. Rush very happily compares this state of the system to the oak shattered by lightning only



to be raised by the hand of art (stimuli.)

If this occurrence be produced by laudanum &c taken internally the patient if possible should be made puke it up by giving an emetic and if not able to swallow we should try mechanical means, such as tickling the throat with a feather and fictions on the abdomen with the former of these Dr. Werry succeeded when every thing else in his hands failed, cloths wet with warm water and applied to the abdomen have succeeded when other remedies have failed.

Dr. Rush says he has known flagellation to succeed in the hands of a New York practitioner after he had tried unsuccessfully all

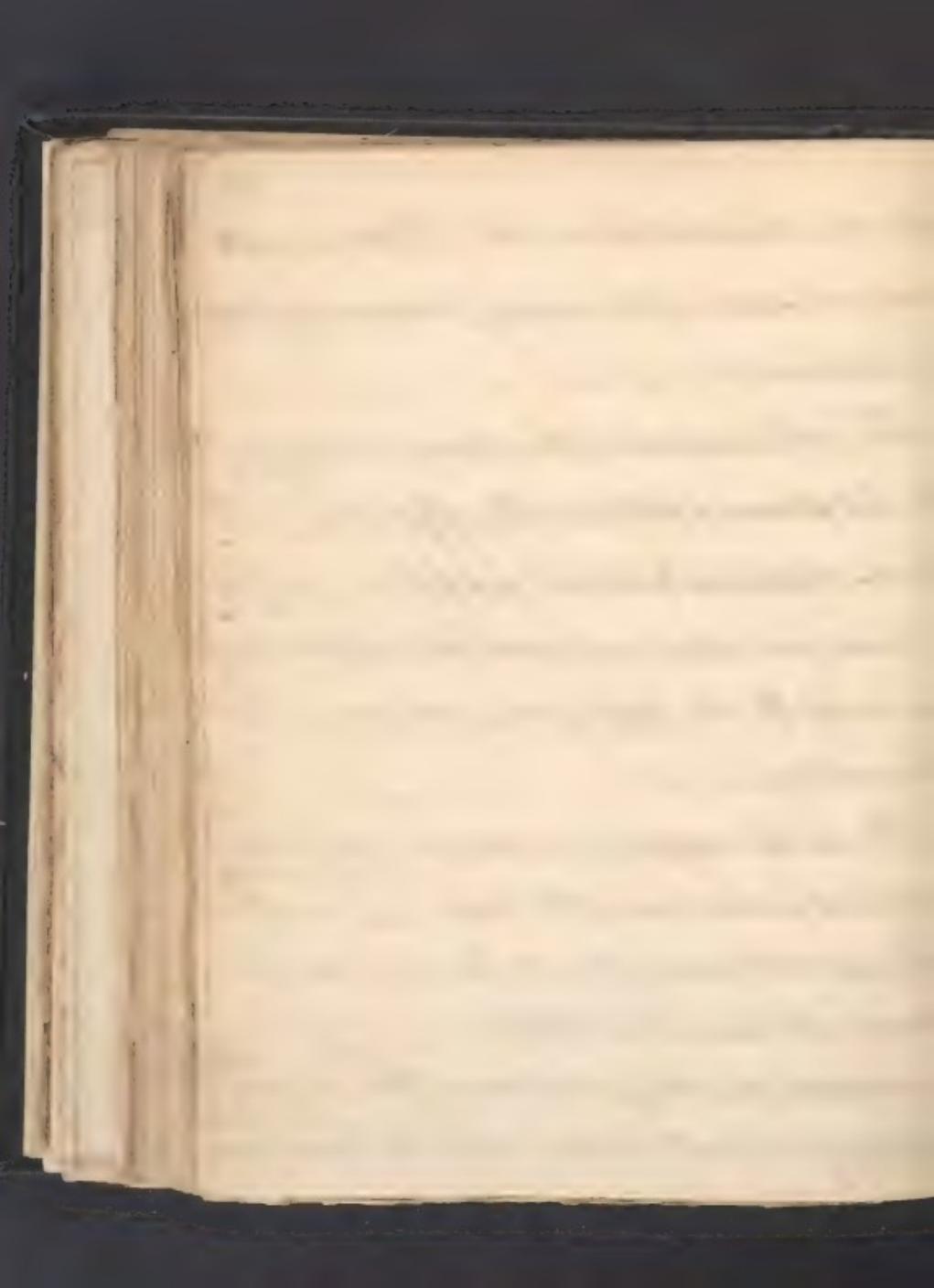


all other remedies; this says the Doc<sup>r</sup>. was owing to  
to the stimulus of the remedy transcending that  
of the Opium, &

This is the treatment of this disease according to  
the best opinions of authors on the subject, to wit Drs.  
Bullen, Sydenham and Rush, and hope it is sufficient.

I will now notice in as concise and explicit a man-  
ner as possible the prophylactics of this disease and  
then conclude.

It is in the majority of instances an easy matter  
to prevent an occurrence of this disease in persons pre-  
disposed to it, causing them to live low, keepe the  
bowels well open, which I think one of its greatest  
preventives, preventing all diseases of the stomach,  
straining at stool, sleeping with the head lower-



than the other parts of the body should be forbiden,  
the establishment of setons in the back of the  
neck is a remedy very worthy of notice, old sores if  
dried up, should be renewed, the feet when cold  
should be warmed by stimulating applications. Here  
we should believe that the feet become cold in con-  
sequence of the increased action of the bloodvessels of  
the brain, and for that reason particularly, we  
should be as prompt in our applications as possible,  
gentle exercise appears to be almost indispensably  
 requisite for the prevention of this disease and  
 finally all those causes, which produce either  
 directly or indirectly an increased action of or detrac-  
 tion to the bloodvessels of the brain, should be  
 avoided.



The raging disposition of this disease may almost always be strangled in its attempts to progress by the lancet and therefore like the celebrated Darwin we should learn to carry it in our pockets.

With this I conclude my short and imperfect dissertation. It no doubt will be viewed with impartiality and judged worthy a seat in oblivion, which no doubt it merits.

But before I finally conclude (and it is with considerable regret that I do,) I must return my sincere thanks to the professors of this University for the knowledge which I have derived from their lectures, and hope <sup>that</sup> time may encircle their tombs with wreaths of honor and future generations do justice to their



to their highly merited fame.

Charles J. Edwards -

